

# New England Psychological Services, LLC

## Patient Information

Today's Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

May we leave a voice mail?  Home  Work  Cell  Text message \*\*Confidentiality of text messaging cannot be guaranteed.

Email Address: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Unemployed  Retired

Marital Status:  Married  Separated  Divorced  Live together, unmarried  Single

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

### **Authorization to Contact Physician**

I understand that it is customary and that most insurance companies require mental health care providers be in contact with a and coordinate mental health care with the client's primary care physician. My signature below authorizes that communication.

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Your Signature: \_\_\_\_\_

**Insurance Provider** \_\_\_\_\_ ID#: \_\_\_\_\_

Primary Insured: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Copay: \_\_\_\_\_ Deductible \_\_\_\_\_

**\*\*If needed, please obtain a prior authorization from your primary care provider prior to your first appointment. (Contact your insurance company to determine if your plan requires prior authorization.)**

### **Please initial each line below.**

\_\_\_\_\_ I have received, read and understand New England Psychological Services Fee Policy.

\_\_\_\_\_ I have received, read and understand New England Psychological Services Limits of Confidentiality.

\_\_\_\_\_ I have received, read and understand New England Psychological Services Notice of Privacy Policy.

\_\_\_\_\_ I understand that all personal balances are payable at the end of each session, and I am responsible for all fees not covered by insurance. I also understand that I will be charged for missed appointments or cancelations with less than 24 hours notice.

\_\_\_\_\_ Do we have permission to discuss your condition with your spouse, children, or other family?  Yes  No

If yes, please include the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Family Members**

Spouse or Significant Other (if married or in a long term relationship)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Identify all other persons who live in your home. Include anyone for whom you assume personal or family responsibility whether or not they live with you.

Name	Relationship	Age	Date of Birth	Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Education**

Client:  Grade School  High School  College  Graduate Study

Spouse:  Grade School  High School  College  Graduate Study

**Religion (Please identify by name)**

Client \_\_\_\_\_  Active  Inactive

Spouse or Significant Other \_\_\_\_\_  Active  Inactive

Children \_\_\_\_\_  Active  Inactive

**Health Care Information:** Please list name of physician and reason for last visit for each family member.

Patient	Primary Physician	When last seen	Reason for Visit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List current health problems as well as current medications:

List major hospitalizations in the last five years:

List previous professional help you have received for personal, marital or family concerns:

Name: \_\_\_\_\_

## Personal and Relationship Concerns

If you are seeking therapy for individual concerns please check the items in the Individual Items section you feel apply to you and if applicable, any items in the Relationship Items section that might be of concern. If you are seeking therapy for couples issues, one copy of this section should be filled out separately by each partner. Use initials to mark the items which apply to you or your partner as individuals, or which apply to both of you. For example, if in your opinion both of you are concerned about arguing, you would mark this item with both of your initials. If you think that an item just applies to your partner, you would only list his or her initials, or your initials if the item applies to you.

- Individual Items:** Nerves Depression Fears Shyness Finances Drug Use Anger  
Making Decisions Headaches Alcohol Use Friends Sleep Self-Control Stress Work  
Relaxation Tiredness Dreams Legal Matters Memory Ambition Loneliness  
Concentration Inferiority Temper Appetite or Weight Feeling Education Career Choices  
Health Problems Thoughts Stomach Troubles Suicidal Thoughts Parenting Issues Family Stress  
Other (please explain): \_\_\_\_\_

- Relationship Items:** Closeness Sexual Desire Affection In-Laws Finances Sexual Performance  
Recreation Communication Relatives Conflicting Schedules Friendships Use of Time  
Flirting Behavior Spouse's Cleanliness Common Interests Physical Fighting Agreeing on Chores  
Having Fun Together Trusting Each Other Solving Problems Together Showing Appreciation Not  
Allowing Partner to Achieve Potential Parenting Differences  
Other (please explain): \_\_\_\_\_